

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90109 022 ****61.25



DOCUMENT # N05064
1. Entity Name
LEMON TREE CONDOMINIUM ASSOCIATION OF ROTONDA WEST, INC.

Principal Place of Business J & B COMM MGMT INC PO BOX 216 ENGLEWOOD FL 34295 US	Mailing Address J & B COMM MGMT INC PO BOX 216 ENGLEWOOD FL 34295 US
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2. Principal Place of Business - No P.O. Box # Atrium CAM, Inc. Suite, Apt. #, etc. 504 N. Indiana Ave.	3. Mailing Address 504 N. Indiana Ave. Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Englewood, FL	City & State
Zip 34223	Country USA

4. FEI Number 59-2539579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FERRO, SAMUEL
87 BOUNDARY BLVD
UNIT 11
ROTONDA WEST FL 33947**

7. Name and Address of New Registered Agent
Name **Brian Farland**
Street Address (P.O. Box Number is Not Acceptable)
504 N. Indiana Ave.
City **Englewood** FL Zip Code **34223**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **7-10-2007**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERRO, SAMUEL 87 BOUNDARY BLVD., UNIT 11 ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARNO, CARMEN 87 BOUNDARY BLVD., #6 ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLMANN, WILLIAM 87 BOUNDARY BLVD 1 ROTONDA WEST FL 33947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VAN SICKLE, THOMAS 87 BOUNDARY BLVD 5 HOMELAND FL 33847	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CYR, GEORGE 87 BOUNDARY BLVD. # 9 ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD/ITD DAMEWOOD, KATHY 87 BOUNDARY BLVD. # 4 ROTONDA WEST, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signatures]* DATE: **7/10/07** DAYTIME PHONE #: **941-474-5297**